



ALABAMA BOARD OF COSMETOLOGY

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REQUEST FOR MAILING LIST

Check the category requested below and include Money Order or Cashier's.

No Personal Checks accepted

No Out-of-State checks accepted

Type of Licenses: Please check all that are requested:

_____ Cosmetologists
(includes all license types)

_____ Cosmetology Salons

_____ Estheticians (includes all license types)

_____ Esthetician Salons

_____ Manicurists (includes all license types)

_____ Manicurist/Nail Tech Salons

_____ Booth/Independent Contractors

Type of List Desired: Please check appropriate box:

_____ Diskette: \$35 (3-1/2" IBM Excel Spreadsheet)

_____ E-mail File: \$30 (Excel Spreadsheet)

Name of Party Requesting List: _____

Mailing Address: _____
Street City State Zip

Contact person and phone number: _____

E-mail address if applicable: _____

ABOC USE ONLY

Ck# _____ Py Type _____

Fee _____ Lt Chg _____ Total _____

ACCT date _____ By _____

Date proc/ret _____ By _____

Note: _____
